

UNITEL RATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side.)

Budget Bureau No. 1004-0135
Expires August 31, 1985

95F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use APPLICATION FOR PERMIT - " for such proposals.)

| | | | |
|---|---|--|-----------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME Skelly Unit | |
| 2. NAME OF OPERATOR The Wiser Oil Company | | 8. API WELL NO. 30-015-29226 | |
| 3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241 | | 9. WELL NO. 278 | |
| 4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1310' FNL & 1330' FEL Sec. 27-T17S-R31E Unit B | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T17S-R31E | |
| 14. PERMIT NO | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3827' | 12. COUNTY OR PARISH Eddy | 13. STATE NM |

ACCEPTED FOR RECORD
SEP 2 1997
acc

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |

(Other)

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |

(Other) Perforate, Acidize & Frac

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17 DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

02/17/97 Halliburton perforated San Andres Vacuum f/3820'-25' w/1 SPF (6 holes). Halliburton acidized perfs. 3820'-25' w/1000 gals. 15% NE-FE acid & 12 ball sealers. Formation broke @ 3447#. Balled out w/14 bbls. in formation. MTP 4312# @ 5.4 bpm. ATP 2960# @ 4 bpm. ISIP 2567#. 5 min. 2107#. 10 min. 2032#. 15 min. 1988#.

02/18/97 Halliburton perforated Grayburg f/3696', 97', 98', 3717'-23', 49', 50', 68', 69', 80' & 81' w/1 SPF (16 holes). Halliburton acidized perfs. 3696'-3781' w/ 2400 gals. 15% NE-FE acid & 32 ball sealers. Formation broke @ 3019#. Very little ball action. MTP 3390# @ 6.9 bpm. ATP 2900# @ 5.5 bpm. ISIP 2041#. 5 min 1965#. 10 min. 1940#. 15 min. 1922#.

02/20/97 Halliburton frac'd Grayburg f/3696'-3781' w/12,000 gals. gelled water, 24,500 gals. 20# Delta Frac & 16/30 Brown sand. MTP 2732# @ 37 bpm. ATP 2540# @ 33 bpm. ISIP 2211#. 5 min. 1933#. 10 min. 1899#. 15 min. 1887#.

03/04/97 Ran 2-7/8" tbg. to 3900'. SN @ 3869'. TAC @ 3661'. Ran 2-1/2" x 1-1/2" x 12' RHTC pump.

RECEIVED

AUG 25 97

18. I hereby certify that the foregoing is true and correct.

SIGNED Mary Jo Fisher TITLE Completion Department DATE May 14, 1997

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY _____

*See Instruction On Reverse Side